IPDR6702	0.000			NORTH CAROLINA		PAG	E: 1	
RUN DATE:	07/01/2007			RS CHECKWRITE SUMMARY REPORT				
				PHECKWRITE DATE: 07/03/2007 FINANCIAL PAYER: NCDMH				
				PINANCIAL PAIRS. NCDMI				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901		23	18373	SERVICE REQUIRES PRIOR APPROVA				
3404901	SMOKY MOUNTAINM H/DD/SAS	23	10373	L				
	H/DD/SAS							
		8505	2869	CLAIM DENIED DUE TO INSUFFICIE	0	22205	28675	647
				NT BUDGET				
		8800	614	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404904	WESTERN HIGHLAN	3411	1005	PROVIDER TYPE AND SPECIALTY 07				
	DS LME			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		3412	728	PROVIDER TYPE AND SPECIALTY 07	0	2240	12497	1025
	1	1		4/113 CANNOT BILL ENHANCED		2240	12197	2023
		<u> </u>		BENEFIT SERVICES ON OR AFTER D		İ		
		1	0.00					
	1	11	265	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	+	+		DATE				
	+	+					1	
3404910	PATHWAYS	5308	241	PRIOR AUTHORIZED UNITS EXCEEDE				
		<u> </u>		D				
			105					
		11	195	CLIENT NOT ELIGIBLE ON SERVICE DATE	5	836	11068	10108
				DOLLA .				
		8654	183	ONLY 16 UNITS ALLOWED PER DAY				
				WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
3404912		11	53	CLIENT NOT ELIGIBLE ON SERVICE				
3404912	CATAWBA COUNTYM ENTAL HEALT	11	53	DATE				
	ENIAL REALI							
		79	47	THIS SERVICE IS NOT PAYABLE TO	0	107	4044	3937
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	3	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	8505	4490	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	1	1						
		8535	2224	SERVICE FACILITY LOCATION WAS	0	10371	18808	8431
	1	1		NOT SUBMITTED ON THIS CLAIM.		10371	10300	0.23
				PLEASE RESUBMIT THE CLAIM WITH				
		2522	1015					
	1	8599	1045	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	+	+		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	1	+						
3404916	CROSSROADS BEHA	11	51	CLIENT NOT ELIGIBLE ON SERVICE				
	VIORAL HEAL			DATE				
	1	0505	1	GLATA DEVICE DUE DO TAMBO				
	1	8505	4	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	52	5124	5072
	+	+					1	
		+						
3404917	CENTERPOINT HUM	11	561	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
	+	8537	1.0	PROCEDURE IS NOT PAYABLE FOR Y	-			
	1	8537	19	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND	0	630	6002	5372
	1	+		SPECIALTY IN ACCORDANCE TO MEN				
		+						
		8599	16	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
		1		BENEFIT PACKAGE.				
			1	1	1	1		

PROVIDER		UICH DENIM	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
2404010		0505	205	CLAIM DOWNED DUD TO THOUSENED				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	305	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8536	138	ATTENDING PROVIDER TYPE AND SP	0	609	9812	9203
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				<u> </u>
		8599	72	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	21	2052	DUPLICATE OF CLAIM-SYSTEM				
		11	116	CLIENT NOT ELIGIBLE ON SERVICE	0	2286	11262	8976
				DATE				
								
		8599	58	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C	5312	3179	PRIOR AUTHORIZED DOLLARS EXCEE DED				
	HATHAM AREA	<u> </u>						
		11	250	CLIENT NOT ELIGIBLE ON SERVICE				
	1	11	ULA	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	3687	8030	4343
		191	41	CLIENT ID NUMBER DOES NOT MATC				-
				H PATIENT NAME				
_		1						
3404922	THE DURHAM CENT	21	10922	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		11	144	CLIENT NOT ELIGIBLE ON SERVICE	29	11280	23274	11994
				DATE				-
		8599	65	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				-
				BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	11	308	CLIENT NOT ELIGIBLE ON SERVICE				
	FIVE COUNTY PIN			DATE				
		8505	66	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	454	2727	2273
		21	35	DUPLICATE OF CLAIM-SYSTEM				
2404005								
3404925	SANDHILLS CENTE R FOR MH/DD	21	1367	DUPLICATE OF CLAIM-SYSTEM				
		8505	1166	CLAIM DENIED DUE TO INSUFFICIE	21	3153	10233	7080
				NT BUDGET				
								-
		8599	202	DETAIL NOT COVERED BY COMBINAT				
-				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				<u> </u>
		1				 		
3404926	SOUTHEASTERN RE	21	6541	DUPLICATE OF CLAIM-SYSTEM				
	G MENTAL HL	1				 		
		8536	340	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	5	8354	13769	5415
				VALID FOR SUBMITTED BILLING PR				
		8599	260	DETAIL NOT COVERED BY COMBINAT				<u> </u>
				ION OF RECIPIENT, PROVIDER AND		-		
				BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	8599	98	DETAIL NOT COVERED BY COMBINAT		 		
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.		1		
		1	19	CLIENT NOT ELIGIBLE ON SERVICE	0	154	3380	3226
		11						
		11		DATE				
		11		DATE				
		21	10	DATE DUPLICATE OF CLAIM-SYSTEM				

March Marc				1	T			TOTAL	TOTAL
Marches March Ma	PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL.		
SAMESTER COURSET 1999 S. SERVICE OF COMBINES OF COMBIN	NUMBER	PROVIDER NAME			DESCRIPTION				
March Marc									
100 100	3404930	JOHNSTON COUNTY	8599	50	DETAIL NOT COVERED BY COMBINAT				
1					ION OF RECIPIENT, PROVIDER AND				
149973 2607 of max 200					BENEFIT PACKAGE.				
149973 2607 of max 200									
149973 2607 of max 200			23	9	SERVICE REQUIRES PRIOR APPROVA	0	72	1912	1840
MAIN COLUMN CO					L		7.2	1,712	1010
MAIN COLUMN CO									
MAIN COLUMN CO									
MAIN COLUMN CO			21		DUDITONTE OF CLAIM SYSTEM				
1 1.00 1.00			21	0	DOFFICATE OF CHAIM-SISIEM				
1 1.00 1.00									
1 1.00 1.00									
1 1.00 1.00									
1	3404931	WAKE CO HUM SVC	21	168	DUPLICATE OF CLAIM-SYSTEM				
STATE		BILLING OF							
STATE									
STATE									
1979 1979			11	134	CLIENT NOT ELIGIBLE ON SERVICE	44	574	11996	11422
Commandment					DATE				
Commandment									
Commandment									
Commandment			8599	62	DETAIL NOT COVERED BY COMBINAT				
ACCOUNT OF COLORS 1									
SOFE					BENEFII FACRAGE.				
SOFE	242422		**	200					
1	34U4933		11	344					
1		R FOR MH/DD			DATE				
1									
1						<u> </u>			
144991		-	21	39	DUPLICATE OF CLAIM-SYSTEM	0	382	2311	1929
100931 NOLON CONTENT 1									
100931 NOLON CONTENT 1				İ					
100931 NOLON CONTENT 1									
100931 NOLON CONTENT 1			5404	14	SEVERE DUPLICATE: SAME ATTD PR				
1009330 ONILAN CANTENET 1									
RESENT THE SEACON CENT 2 100 SEX STREET, SOUTH AND STREET, SOUTH					,				-
RESENT THE SEACON CENT 2 100 SEX STREET, SOUTH AND STREET, SOUTH									-
RESENT THE SEACON CENT 2 100 SEX STREET, SOUTH AND STREET, SOUTH	2404024		4.1	051	at them was not corner as				
100 100	3404934		11	251					
CALIN TRACT SITTERS NOT		BEHAV HEAL			DATE				
CALIN TRACT SITTERS NOT						<u> </u>			
CALIN TRACT SITTERS NOT									
CLAIM TRANS IN SURFICE NOT			4102	237	YOU ARE ATTEMPTING TO ADJUST A	1	972	3460	2488
13 STAIL NOT COVERED BY COMBINAT					CLAIM THAT IS EITHER NOT				
13 STAIL NOT COVERED BY COMBINAT									
			8599	113	DETAIL NOT COVERED BY COMBINAT				
169955 MATHE CO MENTAL 0 0 0 1 1 1 1 1 1 1			0333	113					
### STATE COMMETCAL NUMBERS OF MATERIAL BY STATE AND EACH TOTAL TO REPORT *** #################################									
MALTER COTT					BENEFII PACKAGE.				
MALTER COTT	242422								
1404936 THE BRACOS CRUT 0 0 *** NO DATA TO REPORT *** 0 0 0 0	3404935	WAYNE CO MENTAL	U	U	*** NO DATA TO REPORT ***				
1909998 THE BEACON CERT 0 0 0 0 0 0 0 0 0		HEALTH CTR							
1909998 THE BEACON CERT 0 0 0 0 0 0 0 0 0									
1909998 THE BEACON CERT 0 0 0 0 0 0 0 0 0									
RE			0	0		0	0	0	0
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RE	3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
1404937 THE BEACON CENT 33 652 SERVICE REQUIRES PRIOR APPROVA		ER							
1404937 THE BEACON CENT 33 652 SERVICE REQUIRES PRIOR APPROVA									
1404937 THE BEACON CENT 33 652 SERVICE REQUIRES PRIOR APPROVA			0	0					
ER			U	U		0	0	0	0
ER									
ER									
ER L L	3404937		23	652	SERVICE REQUIRES PRIOR APPROVA				
21 21 DUPLICATE OF CLAIM-SYSTEM 0 695 2069 137 8599 6 DETAIL NOT COVERED BY COMBINAT 1 DION OF RECIPIENT, PROVIDER AND 1 DESERVICE REQUIRES PRIOR APPROVA 1 DESERVICE REQUIRES PRIOR APPROVA 1 DATE 1			L		L		L		
		-	1				1	1	
			21	21	DUPLICATE OF CLAIM-SYSTEM	n	695	2069	1374
ION OF RECIPIENT, PROVIDER AND							0,93	2009	13.4
ION OF RECIPIENT, PROVIDER AND									†
ION OF RECIPIENT, PROVIDER AND									
ION OF RECIPIENT, PROVIDER AND			8599	6	DETAIL NOT COVERED BY COMBINAT	1			
BENEFIT PACKAGE.						1			
### A404941 EAST CAROLINA B 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									-
EMAVIORAL H						-			-
EMAVIORAL H	3404030		23	868	SERVICE DECRIDES DRIVE ADDROVA				-
11 22 CLIENT NOT ELIGIBLE ON SERVICE 0 894 1065 17	3404939		4.3	000	SERVICE REQUIRES PRIOR APPROVA		ļ		
DATE DATE 191 4 CLIENT ID NUMBER DOES NOT MATC FACULTY IN THE STATE OF THE STATE		EHAVIORAL H			<u></u>				
DATE DATE 191 4 CLIENT ID NUMBER DOES NOT MATC FACULTY IN THE STATE OF THE STATE									
DATE DATE 191 4 CLIENT ID NUMBER DOES NOT MATC FACULTY IN THE STATE OF THE STATE									
191 4 CLIENT ID NUMBER DOES NOT MATC 191 4 CLIENT ID NUMBER DOES NOT MATC 19404941 EAST CAROLINA B 0 0 *** NO DATA TO REPORT *** EHAVIORAL H 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			11	22		0	894	1065	171
### PATIENT NAME					DATE				1
### PATIENT NAME									
### PATIENT NAME									†
### PATIENT NAME			191	4	CLIENT ID NUMBER DOES NOT MATC				†
1404941 EAST CAROLINA B 0 0 *** NO DATA TO REPORT *** EHAVIORAL H 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
EMAVIORAL H						1			
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EMAVIORAL H	240404*		0	0	*** MO DATA TO REDORT ***	-			-
	2404341		v	v	NO DATA TO REPORT -**		ļ		
H409942 EAST CAROLINA B 0 0 *** NO DATA TO REPORT *** EHAVIORAL H		EHAVIORAL H							
H409942 EAST CAROLINA B 0 0 *** NO DATA TO REPORT *** EHAVIORAL H									
H409942 EAST CAROLINA B 0 0 *** NO DATA TO REPORT *** EHAVIORAL H									
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EHAVIORAL H	3404942	FAST CAPOLINA D	0	0	*** NO DATA TO REPORT ***				†
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							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	23	2258	SERVICE REQUIRES PRIOR APPROVA				
	L HEALTH CE			L				
		11	383	CLIENT NOT ELIGIBLE ON SERVICE	12	2834	4267	1433
				DATE				
		191	83	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404944	EASTPOINTE HUMA	8621	54	60 RESIDENTIAL LEVEL III TREAT				
	N SERVICES			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8599	50	DETAIL NOT COVERED BY COMBINAT	2	164	2500	2336
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		40	50	DATE OF SERVICE MISSING OR INV				
				ALID. VERIFY				
				AND ENTER CORRECT DOS AND SUBM				
3404946		11	207	CLIENT NOT ELIGIBLE ON SERVICE				
3101310	FOOTHILLS AREAM		207	DATE				
	ENTAL HEALT			5713				
		8535	1	SERVICE FACILITY LOCATION WAS				
		0333	-	NOT SUBMITTED ON THIS CLAIM.	0	209	6078	5869
				PLEASE RESUBMIT THE CLAIM WITH				
			-	LEADER AND CORT IND CORTS WITH		-		
		4102	1	YOU ARE ATTEMPTING TO ADJUST A	-			
		4102	-	CLAIM THAT IS EITHER NOT				
				FOUND ON OUR FILE OR IS NOT FO				
	1			FOUND ON OUR FILE UK 15 NUI FU	1			1